

Plague Case Investigation (Form 1)

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STATE

Case Report # _____

Patient Information

1. DATE OF CASE INTERVIEW:

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Month Day Year

2. NAME OF PERSON FILING THIS CASE:

TELEPHONE:

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Area Code Number

Last: _____ First: _____

3. PATIENT'S NAME:

Last: _____ First: _____ Middle Name: _____ Suffix: _____ Nickname: _____

4. DATE OF BIRTH:

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Month Day Year

5. AGE _____

6. GENDER ☐ Male
☐ Female

7. UNIQUE IDENTIFYING NUMBER (Select one):

Social Security #: _____ - _____ - _____

State ID/ Drivers License: _____

Other: _____

8. RACE: Mark all that apply

- ☐ White
☐ Black/African American
☐ Asian/Pacific Islander
☐ Native American/Alaskan
☐ Other, Please specify: _____

9. ETHNICITY: ☐ Hispanic
☐ Non-Hispanic

10. OCCUPATION: _____

11. HOME ADDRESS:

Street Address, Apt No. _____ City _____ State _____ Zip Code _____

12. TELEPHONE:

Home:

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Area Code Number

Work:

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Area Code Number

Other:

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Area Code Number

13. INTERVIEW LANGUAGE: _____

14. COUNTRY OF BIRTH: _____

15. INFORMATION PROVIDED BY: ☐ Case ☐ Household Member ☐ Other Family Member ☐ Other (Specify): _____

IF NOT CASE, NAME: Last: _____ First: _____ Middle Initial: _____

TELEPHONE: Home:

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Area Code Number

Work:

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Area Code Number

Medical Information

16. DID PATIENT VISIT AN EMERGENCY ROOM? ☐ Yes ☐ No ☐ Unknown

IF YES, DATE/TIME OF ER VISIT: _____ AM / PM

NAME OF EMERGENCY ROOM/HEALTH CARE FACILITY:

Site/Institute _____ City _____ State _____

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Month Day Year

17. ER CHIEF COMPLAINT: _____

18. ER DISCHARGE DIAGNOSIS: _____

19. ADMITTED TO HOSPITAL? ☐ Yes ☐ No ☐ Unknown

IF YES, DATE OF ADMISSION:

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Month Day Year

HOSPITAL NAME: _____
Site/Institute _____ City _____ State _____

HOSPITAL TELEPHONE:

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Area Code Number

HOSPITAL FAX:

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Area Code Number

MEDICAL RECORD #: _____

Signs and Symptoms

20. WHEN DID PATIENT FIRST BECOME ILL? _____ AM / PM

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Month Day Year

21. DID PATIENT HAVE FEVER (>38°C) AS PART OF THIS ILLNESS? ☐ Yes ☐ No ☐ Unknown

MAXIMUM TEMPERATURE: _____ °F / °C

DATE/TIME OF FEVER ONSET:

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Month Day Year
_____ AM / PM

22. DID PATIENT HAVE COUGH AS PART OF THIS ILLNESS? ☐ Yes ☐ No ☐ Unknown

DATE/TIME COUGH ONSET:

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Month Day Year
_____ AM / PM

23. CLINICAL PRESENTATION (See plague case definition at end of this form): (Mark all that apply)

- ☐ Pneumonic plague ☐ Ocular plague ☐ Pharyngeal plague ☐ Bubonic plague
☐ Septicemic plague ☐ Meningeal plague ☐ Other _____

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Epidemiologic Information

DATE OF CASE INTERVIEW:

Month		Day		Year	

24. LIST ALL LOCATIONS AND EVENTS VISITED BY PATIENT DURING THE 7 DAYS BEFORE ONSET OF ILLNESS:

DAY #1	DATE: ____/____/____	LOCATION(S): _____
EVENTS/ACTIVITIES: _____		
DAY #2	DATE: ____/____/____	LOCATION(S): _____
EVENTS/ACTIVITIES: _____		
DAY #3	DATE: ____/____/____	LOCATION(S): _____
EVENTS/ACTIVITIES: _____		
DAY #4	DATE: ____/____/____	LOCATION(S): _____
EVENTS/ACTIVITIES: _____		
DAY #5	DATE: ____/____/____	LOCATION(S): _____
EVENTS/ACTIVITIES: _____		
DAY #6	DATE: ____/____/____	LOCATION(S): _____
EVENTS/ACTIVITIES: _____		
DAY #7	DATE: ____/____/____	LOCATION(S): _____
EVENTS/ACTIVITIES: _____		

25. HAS THE PATIENT BEEN IN CONTACT WITH ANY OTHER PERSONS DIAGNOSED WITH PLAGUE? IF YES, PLEASE LIST NAME AND CONTACT INFORMATION FOR EACH PERSON.

☐ Yes ☐ No ☐ Unknown

#1 Last Name: _____	First Name: _____	Address/Phone: _____
#2 Last Name: _____	First Name: _____	Address/Phone: _____
#3 Last Name: _____	First Name: _____	Address/Phone: _____

26. DOES THE PATIENT KNOW ANYONE ELSE WITH SIMILAR ILLNESS? IF YES, PLEASE LIST NAME AND CONTACT INFORMATION FOR EACH PERSON.

☐ Yes ☐ No ☐ Unknown

#1 Last Name: _____	First Name: _____	Address/Phone: _____
#2 Last Name: _____	First Name: _____	Address/Phone: _____
#3 Last Name: _____	First Name: _____	Address/Phone: _____
#4 Last Name: _____	First Name: _____	Address/Phone: _____
#5 Last Name: _____	First Name: _____	Address/Phone: _____

Contact Tracing

27. LIST ALL HOUSEHOLD MEMBERS, VISITORS, FAMILY, AND FRIENDS WHO HAD CLOSE CONTACT* WITH PATIENT AFTER ILLNESS ONSET. (*Face-to-face contact, defined as contact within 2 meters/6.5 feet)

Name: _____	Relationship: _____	Name: _____	Relationship: _____
Name: _____	Relationship: _____	Name: _____	Relationship: _____
Name: _____	Relationship: _____	Name: _____	Relationship: _____
Name: _____	Relationship: _____	Name: _____	Relationship: _____
Name: _____	Relationship: _____	Name: _____	Relationship: _____

28. IDENTIFY PROVIDERS OF EMERGENCY MEDICAL ASSISTANCE OR TRANSPORTATION OF PATIENT TO HOSPITAL.

29. LIST NAMES OF ALL CO-WORKERS/OTHER ASSOCIATES (not listed above) PATIENT HAS HAD CLOSE CONTACT* WITH SINCE SYMPTOMS DEVELOPED: (*Face-to-face contact, defined as contact within 2 meters/6.5 feet)

#1 Last Name: _____	First Name: _____	Address/Phone: _____
#2 Last Name: _____	First Name: _____	Address/Phone: _____
#3 Last Name: _____	First Name: _____	Address/Phone: _____
#4 Last Name: _____	First Name: _____	Address/Phone: _____
#5 Last Name: _____	First Name: _____	Address/Phone: _____
#6 Last Name: _____	First Name: _____	Address/Phone: _____
#7 Last Name: _____	First Name: _____	Address/Phone: _____
#8 Last Name: _____	First Name: _____	Address/Phone: _____
#9 Last Name: _____	First Name: _____	Address/Phone: _____
#10 Last Name: _____	First Name: _____	Address/Phone: _____

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Laboratory Information

DATE OF CASE INTERVIEW:

Month Day Year

30. LAB TESTING FOR PLAGUE? ☐ Yes ☐ No ☐ Unknown

	DATE COLLECTED (mm/dd/yyyy)	SPECIMEN TYPE (e.g. blood, lymph node aspirate, sputum, CSF, serum, etc.)	RESULT		
			Positive	Negative	Indeterminate
DFA (direct fluorescent antibody)	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFA	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFA	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCR (polymerase chain reaction)	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCR	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCR	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IHC (Immunohistochemical staining)	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IHC	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IHC	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture	____/____/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antimicrobial sensitivity:	____/____/____	Resistance to: <input type="checkbox"/> Gentamicin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Other: _____			
Serum antibody titer (acute)	____/____/____	Titer: _____			
Serum antibody titer (convalescent)	____/____/____	Titer: _____			
Serum antibody titer (_____)	____/____/____	Titer: _____			

Case Classification

32. IS THIS CASE: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a plague case
(See plague case definition below)

IF NOT A PLAGUE CASE, DIAGNOSIS: _____

33. IF A CASE OF PLAGUE, IS THIS CASE EPIDEMIOLOGICALLY LINKED TO A CONFIRMED OR PROBABLE CASE? ☐ Yes ☐ No ☐ Unknown

IF YES, TYPE OF EPI-LINK: ☐ Household contact ☐ Workplace contact ☐ Other contact: _____
NAME OF EPI-LINK: _____

Plague Case Definition and Classification

Clinical Definition: Plague is characterized by abrupt onset of fever, chills, head and body aches, malaise, prostration, and a polymorphonuclear leukocytosis (usually >10,000 per cubic mm), and takes one or more of the following principal forms:

- Bubonic plague: regional lymphadenitis
- Septicemic plague: sepsis; primary or secondary
- Pneumonic plague: severe pneumonia resulting from inhalation of infectious droplets or aerosols (primary pneumonic plague); or from hematogenous spread in bubonic or septicemic cases (secondary pneumonic plague)
- Pharyngeal plague: pharyngitis, usually with cervical lymphadenitis

Case Classification and Laboratory Testing:

Suspected Case: A clinically compatible case, supported by finding stained organisms in clinical specimens that have features of *Yersinia pestis*.

Probable Case: A clinically compatible case with presumptive laboratory results (DFA test positive, PCR evidence, or a single elevated serum antibody titer to the F1 antigen) or a clinically compatible case during and within the geographic boundaries of an outbreak with known confirmed isolation of *Y. pestis*.

Confirmed Case: A clinically compatible case with confirmatory isolation of *Y. pestis*, or a fourfold or greater change in antibody titer to F1 antigen. Immunohistochemical staining of the organism can be considered confirmatory, when isolation or serological confirmation is not possible.

DATA MANAGEMENT USE ONLY:

DATE ENTERED IN SYSTEM:

Month Day Year

ENTERED BY (INITIALS): _____